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ABSTRACT

A review of the research on pretherapy education for psychotherapy clients has found that pretherapy training has a positive impact on encouraging clients to remain in individual or group therapy. Pretherapy training has also been shown to contribute to improving client motivation and attitudes toward the therapeutic process. The evidence suggests that some form of pretherapy education should be made available to clients unfamiliar with psychotherapy, especially to highly defensive clients. Much research accounts for the positive results of pretherapy programs based on the expectation hypothesis which attributes premature terminations to the client's negative reactions to disconfirmed expectations concerning therapy or the therapist. This hypothesis has received only partial empirical support. A preliminary analysis of the content of pretherapy programs suggests that programs reporting significant results cover the major topic areas of process, role, and resistance. It appears that program effectiveness may be due to addressing client resistances instead of, or in addition to, inappropriate expectations. The fruitfulness of pretherapy research may therefore be enhanced by postulating a dual resistance-expectation hypothesis. Although longer term effects of pretherapy educations are unknown, resistance-oriented interventions are recommended, especially with clients considered likely to terminate their therapy prematurely. Five pages of references are appended. (NB)

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THE EFFECT OF PRETHERAPY EDUCATION ON PREMATURE TERMINATIONS AND THERAPY ATTENDANCE

Doctoral Research Paper
for the Degree of Doctor of Psychology

ROSEMEAD SCHOOL OF PSYCHOLOGY

BIOLA UNIVERSITY

R. RANDOLPH BUTTS

1986

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BY

R. RANDOLPH BUTTS

A doctoral research paper submitted to
Rosemead School of Psychology
in partial fulfillment of the requirements
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1986

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PREMATURE TERMINATIONS AND THERAPY ATTENDANCE

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TABLE OF CONTENTS

	Page
Abstract	iv
Introduction	1
Historical Overview	5
Socialization Research	6
Behavioral Research	7
Drop Outs and Attendance	9
Motivation and Attitudes	14
Summary and Recommendations for Further Research	18
General Discussion	20
Expectation Hypothesis	20
Content Analysis	22
Resistance Hypothesis	28
Implications	35
Conclusion	37
References	40

Abstract

Research on pretherapy orientation programs is reviewed and found effective in decreasing premature terminations and increasing client motivation and attitudes in individual and group therapy. A content analysis of pretherapy programs suggests effectiveness may be due to addressing client resistances, instead of or in addition to inappropriate expectations. The fruitfulness of pretherapy research may therefore be enhanced by postulating a dual resistance-expectation hypothesis. Although longer term effects of pretherapy education are unknown, it is recommended that resistance-oriented interventions be employed, especially with clients likely to terminate prematurely.

The Effect of Pretherapy Education
on Premature Terminations and Therapy Attendance

Premature client termination is a vexing problem for most health care professionals. A literature review on psychotherapy drop outs by Baekeland and Lundwall (1975) dramatically illustrates the problem. The review reports that 20% to 57% of clinical outpatients fail to return after their first visit. Furthermore, 30% to 65% attend no more than four times Similar statistics have been reported by Rudestain (1975), Craig and Huffine (1976) and, more recently, by Larsen, Nguyen, Green and Attkisson (1983). In brief, therapists can expect that approximately 5 out of 10 clients entering outpatient psychotherapy will drop out prior to the fourth session.

Premature terminations create a variety of problems for all parties. For terminating clients, their presenting problem goes untreated and possibly unresolved. In addition, their negative experience with treatment is likely to deter them from seeking psychotherapy again in the future. For the public whose tax dollars help support public mental health services, premature treatment terminations represent an inefficient and costly use of resources, especially in areas where the demand for professional health care is high and the availability low. Finally, for the

private practice clinician, premature terminations pose a serious financial, as well as personal, strain. The problem is therefore one which impacts the terminating client, those clients wanting and awaiting treatment, the clinician, and the tax-paying public.

What are the causes of premature terminations? This issue has been studied from a variety of perspectives in an attempt to find correlates or predictors of early terminations. Baekeland and Lundwall (1975), in a review of premature terminations, found 15 factors that predicted treatment drop outs. One of the major predictors was discrepancies between patient and therapist treatment expectations. (The two other major factors were social isolation and therapist attitudes.)

Overall and Aronson (1963) were among the first to link discrepant client-therapist expectations with premature terminations. They found that clients with especially high expectations of an actively supportive and directive therapist dropped out of therapy at a significantly higher rate than clients with lower expectations. (A drop out in this study was defined as a client who failed to return for the second interview.) Several illustrations of unrealistic expectations came from a study by Garfield and Wolpin (1963). In evaluating the expectations of 70

outpatients with a median educational level of 12 years, they found that more than a third of the patients believed that therapy sessions would last a half-hour or less, 73% expected some improvement by the fifth session, and 70% thought treatment would last 10 sessions or less. Borghi (1968) and Sandler (1975) both found that clients who terminated therapy prematurely expected more direction and advice from their therapist than clients who continued. In brief, despite the increased popularization of psychotherapy, these studies suggest that many individuals still expect that participating in psychotherapy will be similar to receiving medical treatment.

Levitt (1966) refers to the gap between psychotherapy-as-imagined and psychotherapy-as-implemented as the expectation-reality discrepancy. According to Levitt (1966), if clients' expectations are disconfirmed, they drop out of therapy, having accomplished little or nothing. Harry Stack Sullivan voiced a similar view over 25 years ago: "The person who comes to (a psychotherapy) interview expecting a certain pattern of events which does not materialize will probably not return. . .(Sullivan, 1954, p. 28).

The occurrence of discrepant client-therapist expectations is thought to occur more frequently among persons unsophisticated about psychotherapy, primarily

minority and lower socioeconomic status (SES) population segments. Such persons are likely to have life styles and values that are widely discrepant from the middle-class values of the typical therapist. Consequently, minority and lower SES persons are likely to have different ideas of what therapy is, how it can help them, and how they can cooperate in the psychotherapy process (Baekeland & Lundwall, 1975; Heitler, 1973).

Much of the pretherapy research has therefore been directed or influenced by what can be referred to as the Expectation Hypothesis. In essence, this hypothesis states, as reflected in the above studies, that disconfirmed client expectations result in negative consequences, such as premature termination. In partial response to this hypothesis, a series of studies have emerged that have attempted to create greater congruence between client and therapist expectations through specific programs of client training and education. The various pretherapy education programs have attempted not only to decrease premature terminations, but also to facilitate improved therapy outcomes. The purpose of this paper is to review these studies with the goal of determining the value of pretherapy education for decreasing premature drop-outs and attendance. A secondary objective,

assuming a positive effect for pretherapy education, will be to determine what ingredients in the programs account for the results. The term "premature termination" will be used throughout this paper, unless otherwise noted, to refer to clients dropping out of therapy within the first four sessions, prior to completing treatment.

Historical Overview

Pretherapy education programs over the past 20 years have taken one of two directions, differing primarily on the content and method of instruction. One approach has focused on educating or "socializing" clients about their role in therapy, typically done in a personalized interview conducted by the therapist or third-party counselor. This approach has come to assume various names, such as "anticipatory socialization" (Orne & Wender, 1968), "role induction" (Hoehn-Saric, Frank, Imber Nash, Stone & Battle, 1964), and "extra-therapy socialization" (Warren & Rice, 1972). The second approach has been more concerned in teaching clients specific behaviors believed to be important to effective therapy outcome. This latter behavioral approach has relied primarily on the use of impersonal instructional techniques.

Socialization Research

Orne and Wender (1968) were the first to develop and introduce pretherapy education, in what they termed an "anticipatory socialization interview." The content and procedure of the interview has come to serve as the prototype for most subsequent pretherapy socialization research. Orne and Wender (1968) used their structured, socialization interview with outpatient clients who were unfamiliar with treatment where the "cure" was talking.

Orne and Wender (1968) based their interview on the hypothesis that therapy is a special form of social interaction. They reasoned that it was important for the client to know the "rules of the game" in order to form a relationship with the therapist and ultimately to benefit from treatment. The interview came to serve three major purposes: 1) to provide a rational basis for the patient to accept psychotherapy as a means of help, 2) to clarify the role of patient and therapist in the course of treatment, and 3) to provide a general outline of the course of therapy and its vicissitudes, with an emphasis on the clarification of negative transference and the anticipation of resistances.

Much of the subsequent research that has focused on orienting clients to therapy has employed the basic Orne and Wender (1968) interview model.

Behavioral Research

As opposed to educating clients as to their social role in therapy, the second major approach has emphasized the importance of instructing clients on appropriate in-therapy behaviors. Studies in this area evolved primarily from the work of Truax and Carkhuff (1967) who conceptualized changing client expectations in learning theory terms:

> If psychotherapy or counseling is indeed a process of learning and relearning, then the therapeutic process should allow for structuring what is to be learned, rather than what amounts to incidental learning, where the client does not have clearly in mind from the outset what it is he is supposed to learn. (Truax & Carkhuff, 1967, p. 36)

Researchers who have followed the learning theory perspective have developed pretherapy programs which typically aim to teach clients specific behaviors. These behaviors include how to disclose, make statements of positive self-reference, use present tense verbalizations, and self-explore. These behaviors are taught primarily through non-personalized methods, employing direct instruction and vicarious training and modeling. The methods used have included films (Strupp & Bloxom, 1973); videotapes (Davidshofer & Richardson, 1981; Myrick, 1969; Zwick & Attkisson, 1985); audio tapes (Friedlander & Kraul, 1983; Green, 1972; Myrick, 1963; Truax & Wargo, 1969; Truax, Wargo & Volksdorf, 1970); and written programmed instruction

booklets (Shaw, Wittmer & Orr, 1985).

As can be seen from the above description, the "socialization" and "behavioral" approaches to pretherapy education reflect two distinct orientations. However, both raise a set of common issues. Ethical considerations are obvious dangers of both points of view. Specifically, each approach runs the risk of forcing clients into a mode of problem solving that does violence to their unique expectations and life-style. Each orientation also runs the risk of overly constricting clients in terms of what they should say, how they should think and feel, and basically how they should relate to the therapist. The potential constriction of the clients' typical response and relational patterns could conceivabley impede rather than facilitate the therapeutic process. This danger might be especially realistic in the behavioral approaches because of the teaching and modeling of specific actions. In contrast, the socialization programs are less likely to be overly constricting and less likely to determine the specific content of the client's communications since the educational thrust is toward helping the client understand the process of therapy. In brief, both approaches pose potential ethical and efficacy issues which should be considered in the overall evaluation of pretherapy programs.

For the purposes of this paper, we will focus first on the impact of pretherapy education programs on individual and group therapy drop-out rates and attendance. We will focus second on dependent measures that are considered indirect indicators of the probability of continued therapy attendance, such as motivation and attitudes toward therapy.

Drop-outs and Attendance

Over 20 studies have explored the effect of pretherapy education using a wide variety of process and outcome measures. Only six of the studies, however, have focused directly on the impact of pretherapy education on therapy drop outs and/or attendance (Hoehn-Saric et al., 1964; Holmes & Urie, 1975: Larsen, Nguyen, Green & Attkisson, 1983; Sloane, Cristol, Pepernik & Staples, 1979; Warren & Rice, 1972; and Zwick & Attkisson, 1985). Four of the six studies (67%) reported that pretherapy education significantly increased client attendance and/or decreased premature terminations (Hoehn-Saric et al., 1964; Holmes & Urie, 1975; Larsen, Nguyen, Green & Attkisson, 1983; and Warren & Rice, 1972).

The first study to empirically test the Orne and Wender (published in 1968) socialization interview and to report a positive effect was Hoehn-Saric et al.

(1964). Among a low socioeconomic population of adult outpatients, Hoehn-Saric et al. (1964) found that the attendance rate of clients who underwent socialization was significantly greater than non-socialized clients ($p < .02$). However, the study found no difference in drop-out rates.

Two subsequent studies, however, reported significantly positive effects for pretherapy education on both drop-out and attendance. Warren and Rice (1972) employed a modified socialization interview procedure with a predominantly college educated sample of adult outpatients. The therapy training consisted of a series of interviews with clients which were conducted immediately prior to the clients' 2nd, 3rd, 5th and 8th therapy sessions. A counselor other than the client's therapist conducted the interviews. The interview consisted of two components. The first component encouraged clients to discuss any problems they were having in therapy with their respective therapist. This component lasted from 5 to 10 minutes and was immediately followed by an additional 5 to 10 minute segment devoted to teaching the client specific behaviors designed to improve the therapy process. The study reported that of the 19 "low prognosis" clients receiving the "extra-therapy" training, only one dropped out before the 10th interview. In addition,

trained clients were found to be more likely to complete all scheduled interviews, which in this study consisted of 20 sessions. Only 5 of the 19 trained clients (26%) failed to complete the 20 sessions compared to 17 of the 36 control clients (47%).

In a more recent study, Larsen, Nguyen, Green and Attkisson (1983) reported similar results. This study found significant differences between trained and non-trained clients on both drop-out rates and attendance after one month of therapy. Trained clients were significantly less likely to drop out ($p < .05$) or to miss appointments ($p < .001$) during the first four weeks of treatment than non-trained clients. In fact, only one drop-out (4%) occurred in the trained group, while 27% of the non-trained clients dropped out before the end of the four-week period. These results were obtained using a shortened version (15 minutes) of the Orne and Wender interview.

While the above studies were conducted with adult outpatients, similar results have been reported with children. Using a basic socialization interview, Holmes and Urie (1975) found that pretherapy training significantly decreased the number of 6- to 12-year-old children terminating therapy against the advice of the therapist. Twenty-five percent of the prepared clients dropped out prematurely compared to 37.4% of the non-

prepared clients.

In contrast to the above studies, two studies found no effect for pretherapy training on either attendance or drop-out rates (Sloane et al., 1970; Zwick & Attkisson, 1985). Sloane et al. (1970) replicated the Hoehn-Saric et al. (1964) study but used predominately college-educated clients, many of whom had prior therapy experience. They found no significant difference between prepared and nonprepared clients on "number of visits" or "appointments kept." As a matter of fact, the non-prepared clients showed the highest number of visits. Zwick and Attkisson (1985) reported similar results. They found that significantly fewer oriented clients (50%) were "remainers" than non-oriented clients (60%). The study also found no difference between oriented and non-oriented in number of sessions missed. The median for both groups was near zero.

The inconsistencies in the results of the above studies can be attributed to several factors. One of the major factors is the failure of the studies reporting no effect for pretherapy training to control for prior therapy experience. In the Sloane et al. (1970) study, 50% of the subjects had prior therapy experience. In the study by Zwick and Attkisson (1985), 77% of the control group had prior therapy

experience, compared to 41% of the experimental group. The fact that many subjects in these studies had prior therapy experience, and that this experience factor varied between treatment and control groups, could account for the insignificant treatment effects, as well as the higher attendance rates reported for controls by Sloane et al. (1970).

A second possible factor responsible for the conflicting results relates to the methods used for presenting the socialization interview. In the Zwick and Attkisson (1985) study, the orientation lasted only 11 minutes and was therefore considerably shorter than in those studies reporting positive results, where the orientations ranged between 35 to 45 minutes. A more significant difference, however, was the fact that the Zwick and Attkisson (1985) orientation was presented by videotape. In all the studies reporting positive results, the orientations were presented personally.

In summary, the majority of the research strongly suggests that pretherapy training has a positive impact on encouraging clients new to therapy to remain in therapy. Pretherapy training has been found to significantly decrease premature drop outs and to increase attendance. Although the results come from a limited number of studies, the findings appear relatively robust. Contrary to initial expectations,

pretherapy training appears effective regardless of the client's age, socio-economic status, level of education, or clinical diagnoses. A major limitation, however, of many of the studies reviewed here is the failure to control for the effects of extra attention and concern. It is difficult, therefore, to known how much of the effect is due to training versus extra attention.

Motivation and Attitudes

Actual client drop-out and attendance rates serve as direct measures of the effectiveness of pretherapy training in encouraging clients to remain in therapy. In addition, it is possible to evaluate the effectiveness of pretherapy training for reducing drop outs by investigating the impact of training on such indirect measures as client motivation and attitudes toward therapy. Poor motivation has been frequently linked to premature terminations. In fact, 34 out of 41 studies surveyed by Baekeland and Lundwall (1975) in their literature review implicated motivation as a variable in dropping out of treatment. In most of the studies reviewed, the term motivation is commonly used to suggest positive accepting attitudes toward treatment and those who render it. The hypothesis, therefore, is that if pretherapy training can increase

or improve client motivation and attitudes toward therapy, then the client will be less likely to terminate treatment prematurely. Conversely, clients who are highly motivated and favorably disposed toward psychotherapy are more likely to continue treatment. (Increased motivation is likely to have a positive impact on other therapy process and outcome variables as well.)

Five pretherapy training studies have included client motivation and attitudes toward therapy among their dependent measures. Three of the five studies have reported positive results (Acosta, Yamamoto, Evans & Skilbeck, 1983; Heitler, 1973; Strupp & Bloxom, 1973). In contrast to several studies cited earlier, each of the studies controlled for prior therapy experience and the effect of extra attention. In the Strupp and Bloxom (1973) study, it was found that clients who were prepared for group therapy were significantly more motivated to begin group than the non-prepared clients. The prepared clients were significantly higher than controls on all four measures of "motivation." These measures included "desire to begin therapy," "willingness to make personal changes," "belief in efficacy of group treatment" and "belief that group treatment is the proper treatment." The study also compared the relative effectiveness of

administering the training in a personalized interview versus a film presentation. Both procedures resulted in significantly increased client motivation; however, the personalized interview was slightly but not significantly better on one of the four motivation measures, "desire to begin treatment."

Heitler (1973) reported similar results in preparing in-patients for group psychotherapy. He found that prepared patients anticipated significantly more benefits from group therapy than did control subjects.

Using a largely Hispanic and Black population, Acosta, Yamamoto, Evans and Skilbeck (1983) found that subjects exposed to a 12-minute audiovisual slide/cassette orientation program were more positive in their attitudes toward individual therapy than subjects viewing a neutral program. The orientation program, "Tell It Like It Is," differed significantly from the Orne and Wender interview model, however. The program in this study combined simple explanations of the therapy process with presentations of vignettes that modelled helpful patient behaviors, such as self-disclosure and direct statements of patient expectations. Client attitudes were assessed immediately after being given the orientation. The study did not assess attitudes after therapy.

Two studies, both using student populations and impersonal orientations, found that pretherapy training had no impact on client motivation or attitudes toward therapy. In one study, students received a 5 to 7-minute audiotaped orientation prior to counseling (Friedlander & Kaul, 1983). In this instance, there was no change in client expectations toward counseling. In another study, students were given a 30-minute videotape presentation which discussed the process of counseling and included modeling vignettes of appropriate client behavior in treatment (Davidshofer & Richardson, 1981). Although not significant, the results were in the predicted direction. In both studies, not all students were being seen for clinical therapy. Some were being counseled for vocational problems. The difference in type of counseling received could easily account for a possible dilution in the treatment effect. This could be due to the fact that clients are likely to have less appropriate expectations for clinical therapy than for vocational counseling. Pretherapy training may therefore have little if any effect on those receiving vocational counseling.

In summary, the research indicates that pretherapy training can improve client motivation and attitudes toward therapy. The conclusion is strongest when

preparing adult inpatients and outpatients for either individual or group therapy. The results are less conclusive for college students voluntarily seeking clinical and vocational counseling. It is likely that pretherapy training will be most beneficial in improving client motivation and attitudes toward therapy in instances where clients know little about what to expect in counseling.

Summary and Recommendations for Further Research

Collectively, the above areas of research converge to provide relatively strong direct as well as indirect support for the effectiveness of pretherapy training in reducing premature client terminations. Given the positive direction of the research results, it appears reasonable to conclude that some form of education should be made available to clients who are unfamiliar with psychotherapy, either prior to or during the initial phase of treatment. The actual method and content of the client education program, however, should be formulated in full consideration of the potential ethical and adverse therapeutic effects associated with such an effort. Finally, it is possible to extend the general conclusions from the above studies to a series of tentative hypotheses for future study. The above studies suggest that:

1) Pretherapy training is likely to be most effective when done personally, as opposed to the use of impersonal techniques such as videotapes, films, or written materials.

2) Pretherapy training can be conducted with equal effectiveness by either the client's therapist or a third-party counselor (Warren & Rice, 1972).

3) The effectiveness of pretherapy training may be enhanced by conducting the training in shorter time intervals over the course of the first three to four weeks of therapy (Warren & Rice, 1972).

4) Pretherapy education appears to be advantageous regardless of the client's age, educational level, socio-economic status or diagnosis, among those investigated to date.

5) Pretherapy training is effective in preparing clients for both group (Heitler, 1973; Strupp & Bloxom, 1973) and individual therapy.

6) Pretherapy training is effective in both inpatient (Heitler, 1973; Strupp & Bloxom, 1973) and outpatient settings.

7) Pretherapy training is likely to be least effective with clients who have had prior therapy experience, probably because they came to therapy with realistic expectations both about the therapy process in general and about resistances in particular.

General Discussion

Although the research results are encouraging as to the value of pretherapy training for motivating clients to remain in therapy, several theoretical problems remain. One major problem with pretherapy research to date is the questionable validity of the hypothesis that premature terminations are related to disconfirmed client expectations, i.e. the Expectation Hypothesis. This being the case, the subsequent problem is to determine those variables within the pretherapy orientation programs which in fact account for their effectiveness. In this section, we will address both questions. The intent is not to resolve these issues, which is beyond the scope of this paper, but to provide added clarity and direction for future research.

Expectation Hypothesis

The favorable results obtained in pretherapy studies are typically attributed to a correction or modification in client expectations toward psychotherapy. It is believed that clients enter therapy with certain erroneous expectations relative to the process of therapy and the respective roles of client and therapist. When these expectations are disconfirmed, the client is believed to experience

negative thoughts and feelings toward therapy which, in inturn, result in avoidance motivation.

Recently, however, this general hypothesis has been challenged. Drucko, Beal and George (1979) conducted a literature review to determine whether or not widespread professional acceptance of this hypothesis is warranted. In their review, the authors cited 43 studies, mostly correlational, which explored the relationship of disconfirmed client expectations to a variety of measures including a) general client satisfaction with therapy, b) therapy outcome, c) therapy process, and d) premature terminations. In general, out of the 43 studies, they found that "21 studies (49%) supported the hypothesized relationship (disconfirmed expectations are related to negative effects); 22 studies (51%) did not" (p. 269). Seven of the 43 studies focused specifically on the relationship between expectations and premature terminations. Among these studies, three (43%) supported the expectation hypothesis and four (57%) did not. The review concludes that the validity of the expectation hypothesis has not be established with certainty.

Since it is questionable, based on this review, whether disconfirmed expectations in fact result in negative client perceptions and, in turn, premature terminations, it is equally tenuous to conclude or

assume at this date that the effectiveness of the various orientation programs is a function of the degree to which expectations are modified. In brief, beneficial effects may be attributable to mechanisms other than, or in addition to, the alteration of client expectations.

One way to begin to understand why pretherapy training works, other than through creating more realistic client expectations, is to analyze the content of the various orientation programs. In doing so, it might be possible to determine what elements are common across programs and arrive at alternative hypotheses that might account for pretherapy effectiveness.

Content Analysis. Table 1 summarizes the specific topics included within the various orientation programs. This table is based on the authors' descriptions of their orientation programs and not on an actual content analysis of the specific programs themselves.

The content of each of the programs, as can been seen in Table 1, falls into one of three functional topic areas: "process," "role," or "resistance." The "process" topic area focuses on an explanation of what therapy is about, how it works and its general goals. The "role" topic area typically includes references to

Table 1

Summary of Orientation Program Topics

PROCESS TOPICS:
Therapy is a learning process
Goal is long-term versus immediate improvement
Progress will not be evident for several months
Explanation of how personality changes
Childhood experiences are important
Explanation of the unconscious
Goal is to deal effectively with problems
Therapy can help decrease anxiety, depression
Goal is to increase self-understanding
Therapy different than medical treatment
ROLE TOPICS:
Patient is to be active
Patient encouraged to free-associate
Patient responsible for therapy progress
Patient must assume ownership of own problems
Therapist will say little, nor offer advice
Therapist is to help patient become self-aware
Therapist role is to listen
Patient/therapist roles unlike most others
Patient needs to be assertive, self-disclosing
RESISTANCE TOPICS:
Therapy will be difficult at first; takes time to adjust
Patient likely to have strong positive & negative feelings toward therapist
Strong feelings not due to therapist personally
Patient likely to experience depression
"Good" reasons will occur to cancel, but vital to attend all sessions
Difficult but necessary to discuss negative feelings with therapist
Must discuss uncomfortable topics
Progress will be "up" and "down"
Major decisions should be avoided
Medication is no solution to problems in living
Important to discuss/clarify concerns about therapy with therapist
Explanation of resistance

the respective responsibilities of both the client and therapist in the therapy session. The last area, "resistance," emphasizes negative reactions the client is likely to experience during the course of therapy.

It is speculated, based on the research reviewed in the previous section, that the effectiveness of pretherapy training derives from one or a combination of these three functional areas. Which one of the three areas, or combination of areas, accounts for the effectiveness of pretherapy training programs is at this time uncertain. However, in comparing and contrasting the relative frequency of references to process, role and resistance topics, as represented in Table 2, several observations can be made. First, in those studies reporting a positive effect for pretherapy education, each included references to all three topic areas. In those studies reporting no effect for pretherapy education, two out of the four did not include references to "resistance" (Davidshofer & Richardson, 1981; and Friedlander & Kaul, 1983). In addition, in the one study reporting no effect for pretherapy training but including all three topic areas in their orientation (Zwick & Attkisson, 1985), the amount of attention given to "resistance" was less than that given to "role" and "process" areas. In addition, the amount of attention given to the discussion of

Table 2

Frequency of Topic Areas By Study[a]

STUDY	TOPIC AREA		
	PROCESS	ROLE	RESISTANCE
Significant Results:			
Orne & Wender (1968)	3	7	8
Hoehn-Saric et al. (1964)	7	4	7
Warren & Rice (1972)	5	2	1[b]
Strupp & Bloxom (1973)	5	9	12
Holmes & Urie (1975)	3	7	8
Heitler (1976)	3	7	8
Acosta et al. (1983)	3	2	4
Larsen et al. (1983)	3	7	8
Non-Significant:			
Sloane et al. (1979)	3	7	8
Davidshofer & Richardson (1981)	2	1	0
Friedlander & Kaul (1983)	5	3	0
Zwick & Attkisson (1984)	6	4	5

[a] Reflects approximate number of different topics mentioned within each general topic area.
[b] Involved discussing in three, 5-to-10 minute extra-therapy sessions only those resistances client was actually experiencing in therapy.

"resistance" in the Zwick & Attkisson (1985) study tends to be less than that given in those studies reporting positive results. These observations, although based only on the authors' descriptions of their respective pretherapy programs, suggest that the discussion of resistance might be a more critical ingredient in accounting for the results of pretherapy education than either the role or process topic areas. This tentative conclusion is further strengthened by a closer examination of the Warren and Rice (1972) study.

Warren and Rice provided experimental subjects with a 5 to 10 minute "extra-therapy" session prior to their 2nd, 3rd, 5th and 8th therapy sessions. The purpose of this "extra-therapy" was to encourage clients to introduce any concerns or problems they had in therapy with the therapist, which suggests that the focus of the sessions was on identifying and addressing resistances. The results of this study were among the most positive of the studies reviewed. The authors concluded that this specific component of the orientation program contributed directly to reducing the number of early drop-outs. (Approximately 10% of the experimental subjects dropped out of treatment compared to 30% of the control subjects.)

Certainly this conclusion will be further reinforced if one views resistance as a characteristic

in all client-therapist relationships. The discussion of resistance, therefore, can become relevant to all client-therapist encounters. On the other hand, the process and role components of pretherapy programs address a more short-term, transitional need based primarily on the clients' current knowledge concerning psychotherapy. The enduring relevance of the resistance element, therefore, can be cited as a possible explanation for the robust research results. It will be recalled that pretherapy training has had a positive effect across a wide range of client characteristics.

In addition, it is possible that resistances are actually being addressed in all three topic areas, but to varying degrees. For example, in encouraging specific client "roles," the discussion is indirectly alerting the client to certain patterns of relating to others, such as being inactive or passive, that typically interfere with therapy progress. In one sense, the client is informed of certain roles that function as resistances to therapy. Similarly, various "process" topics suggest to the client that desiring immediate results can interfere with therapy. Thus, in maintaining this desire, the client in essence consciously or unconsciously resists therapy.

The disentanglement of the varying

contributions of the three program components, especially that of the resistance topics per se, is an important long-term research goal. To investigate these issues, several versions of an orientation program will need to be developed, each emphasizing a separate component.

In conclusion, based on the above discussion, it is believed that the effect of pretherapy training might be explained more accurately by conceptualizing the mechanisms underlying the observed research results in terms of the functioning of resistances rather than expectations. The following section, therefore, will explore further the validity and potential fruitfulness of a "resistance hypothesis" as a possible alternative to the currently accepted expectation hypothesis.

Resistance Hypothesis

Attributing the effect of pretherapy training to a reduction in resistance offers a viable alternative to the expectation hypothesis for several major reasons. First, it is consistent with the results of current research--the research focusing specifically on the effects of pretherapy training--as well as research on premature terminations in general. Second, the resistance hypothesis offers a sound conceptual framework from which to understand the underlying mechanisms operating within successful pretherapy

programs. Each of these points will be explored more fully.

The previous sections have highlighted how the resistance hypothesis is consistent with the content and results of pretherapy training and research. The hypothesis is also consistent with the results of a broader field of study that has focused on the psychological characteristics of drop outs. The results of such studies converge to stereotype drop outs as "poorly motivated" and lacking in "psychological mindedness" (Baekeland & Lundwall, 1979). It is suggested that these labels largely reflect the operation of resistances.

In their comprehensive literature review on treatment drop outs, Baekeland and Lundwall (1979) reported that the lack of "psychological mindedness" was cited as a major variable responsible for premature terminations in 24 out of 26 studies (92.3%) investigating early terminators. In most studies, "psychological mindedness" implied the clients' ability to recognize and admit psychological and interpersonal problems, to see themselves in psychological terms, to use or to accept the use of psychological constructs or to at least imagine psychological causes of their symptoms and behavior. Conversely, the lack of psychological mindness suggests that a client is

consciously or unconsciously denying, or simply not aware of their problems.

Accordingly, the review found drop outs to have isolated somatic symptoms and to score high on the Marlowe-Crown Social Desirability Scale, which measures the degree to which clients avoid self-criticism and depict themselves in improbably favorable terms. Similarly, on MMPI and Rorschach criteria, drop outs were found to be highly defensive and, according, to the Michigan Sentence Completion test, very evasive and unwilling to self-disclose. Other studies found the drop out to be "less suggestible." Baekeland and Lundwall (1979) reported that these same client characteristics were found to accurately describe drop outs from group therapy as well.

In summary, the person who prematurely drops out, whether from group or individual treatment, is predominately one who for one reason or another is engaged in an active and possibly defensive denial of their personal functioning. A resistance hypothesis, therefore, would be consistent with these findings in contending that the effectiveness of pretherapy programs is due primarily to their focus on and reduction of resistances.

The second reason why a resistance hypothesis is a viable alternative to the expectation hypothesis is

that it provides a broader theoretical framework from which to better understand the underlying clinical dynamics contributing to premature terminations. It was Freud who first recognized the importance of resistance in 1912, when he stated

> The resistance accompanies the treatment step by step. Every single association, every act of the person under treatment must reckon with the resistance and represents a compromise between the forces that are striving towards recovery and the opposing ones. (Freud, 1953/1912, p. 103)

Based on this early conceptualization, resistance has come to be mean opposition, representing all those forces within the client, conscious and unconscious, that oppose the procedures and processes of therapy. It is resistance, therefore, which can be considered one of the main factors contributing to premature treatment terminations.

Resistances are defensive. They function to defend the status quo; to protect the client against perceived danger or pain; and, in effect, to safeguard the client's neurosis (Greenson, 1967). The goal of therapy, however, is change. This means that, immediately upon entering therapy, clients are entering a conflictual relationship. Clients find themselves initiating treatment to help eliminate or minimize some form of pain or suffering. As it turns out, they

experience increased anxiety as their maladaptive life patterns become threatened by the very treatment they think should decrease their suffering. In short, the problems that bring clients to therapy are the same ones that cause them to terminate prematurely. Caught in a cycle that serves to perpetuate maladaptive patterns of thinking, feeling and acting, the client terminates therapy in a defensive move to minimize the threat of further pain and anxiety.

Pretherapy programs that focus on resistances prior to or during the initial phase of therapy may serve to weaken this cycle by immediately intervening in the clients' defensive patterns. The positive impact of resistance oriented pretherapy programs may be due to several sources. One, the discussion of resistances may function as a "paradoxical injunction." Clients, in other words, may attempt to avoid what the therapist predicts they might experience. Second, in discussing resistances, clients are forewarned to expect that they will have negative reactions toward therapy. Then, when such resistances actually occur and are confronted by the therapist, clients are more likely to recognize and admit their existence.

In addition, clients may be less likely to attribute their negative reactions to the therapist or treatment, but more to their own internal functioning

or processing. In this area, attribution theory provides an additional theoretical perspective for understanding how pretherapy discussion of resistance might mitigate against its later disruptive effects. By discussing with the client their possible reactions to therapy, the client is assisted in accurately attributing these reactions to the self, rather than the therapist.

Most major psychodynamic theorists, for example, recommend orienting the client to therapy, to include addressing expected resistances. Langs (1973), for example, recommends that during the initial client interview, the therapist inform the client that treatment is a long-term process which requires months and probably years. In addition, he states

> Where such obvious obstacles to treatment exist as major tendencies to act out or major opposition within patient or others, the therapist should address himself to them and anticipate them for the patient. . . In acting out patients, such a discussion is aimed at creating a split in the ego so that the patient begins from the outset to observe his behavior and, later, his fantasies. This may help prevent his living them out blindly. (p. 81)

While a discussion of resistances during a pretherapy session may, as suggested, help decrease premature terminations, it also poses several potential dangers. One danger is that despite helping to keep clients in therapy the orientation might adversely

impact the process and ultimate outcome of therapy. By discussing resistances, clients may come to expect that they should resist. In other words, the education programs may serve to issue a prophesy which the client dutifully seeks to fulfill. A new resistance is then created which comes to interfere with the therapy process. It is also possible that an advance discussion of resistance may in some manner prevent the client from benefiting fully from experiencing and dealing with their resistances in the dyadic relationship. In other words, is it more therapuetic to allow some clients to become aware of their own resistances without advance notification by the therapist? These issues are raised not as a prelude to the offering of answers, but to suggest that present use and future research consider the implications of pretherapy interventions beyond that of simply reducing the number of premature drop outs and increasing client motivation and attendance. These issues have and are being addressed by the research focusing specifically on the effect of pretherapy programs on process and outcome measures.

A final consideration in evaluating the expectation and resistance hypotheses is the possibility that both hypotheses are correct. Conceptually, they may function hierarchically and/or

interdependently. Expectations, for example, may be subsumed by or derived from resistances. From this perspective, resistances can be viewed as the dynamic or motivational force underlying and supporting the expectations. From an interdependency perspective, expectations and resistances can be viewed as reciprocal and conceptually analogous to cognition and affect, respectively. It is possible, therefore, that to completely understand the mechanism(s) giving rise to the observed effectiveness of pretherapy orientation programs, future research will have to modify its theories to encorporate a dual resistance-expectation hypothesis.

In summary, the resistance hypothesis offers a valid and potentially fruitful perspective from which to understand a major cause of premature terminations and, in turn, the source of effectiveness in many pretherapy orientation programs. The resistance hypothesis, therefore, represents a viable alternative, as well as a possible adjunct to the currently held expectation hypothesis.

Implications

The above discussion has several significant implications for clinical practice and future pretherapy research. First, although all clients can be seen as coming to therapy with resistances, certain

clients are likely to be more resistant and thereby more at risk of terminating prematurely than others. At risk clients are likely to be highly defensive, relying primarily on denial. This suggests that certain assessment instruments, which can detect possible "resistances" and defensiveness, such as the MMPI, be used as a screening devices to identify at risk clients. For these clients, some form of pretherapy or extra-therapy intervention may prove effective in helping insure their continuation in therapy. In addition, this would obviously be more cost-effective since only clients at risk would be given the supplemental intervention.

Second, the results of this discussion suggest that addressing client resistances may be a necessary function in order to establish an effective therapuetic alliance with certain highly defensive clients. The fact that clients continue to terminate at a high rate and the positive results of the pretherapy programs suggest that clinicians may not be giving sufficient attention to this important aspect of client functioning. This may be due to the fact that their theoretical orientation does not include "resistance" concepts. Or, clinicians may view the confrontation of resistances as antithetic to establishing a warm, accepting relationship. Regardless, the implication is

that premature terminations can be decreased and client motivation increased with greater attention to resistances.

Conclusion

Pretherapy education has been found to have a positive impact on encouraging clients to remain in therapy. There is also evidence that pretherapy training contributes to improving client motivation and attitudes toward the therapuetic process, which is positively associated with continuing in treatment. It was concluded that some form of pretherapy education should be made available to clients unfamiliar with psychotherapy, either prior to or during the initial phase of treatment. It was further suggested that such education may be most critical for highly defensive clients.

Most current research has attempted to account for the positive results of pretherapy programs based on the expectation hypothesis, which attributes premature terminations to the client's negative reactions to disconfirmed expectations concerning therapy or the therapist. This hypothesis, however, has received only partial empirical support. A preliminary analysis of the content of pretherapy programs suggests that the programs reporting significant results cover three major topic areas: process, role, and resistance. It

was proposed that each of the topic areas positively impacts the client to the extent that each addresses client resistances. It was therefore concluded that the positive effects of pretherapy programs could be more fully understood by considering the functioning of resistances.

A proposed resistance hypothesis is considered to be consistent with current pretherapy research. It also offers, in comparison to the expectation hypothesis, a broader theoretical framework in terms of reflecting the fundamental, dynamic tension in all therapy: change versus resistance to change.

Specifically, the discussion of resistances can be understood to contribute to client continuation in therapy through three possible mechanisms. Firstly, the therapist's prediction of negative transference and discomfort helps the client to recognize these reactions as natural and necessary consequences of the therapy process. Secondly, it begins to reduce defensiveness, thereby allowing clients to be more open to the therapy relationship. Thirdly, focusing on resistances, by the nature and immediacy of the activity itself, promotes increased depth of interpersonal contact between client and therapist. The client is likely to experience and interpret this contact as potentially helpful and, therefore, be less

likely to terminate treatment prematurely. It was proposed that a complete understanding of premature terminations, and, in turn, the effectiveness of pretherapy orientation programs, may require the adoption of a dual hypothesis, encorporating both resistances and expectations. This dual hypothesis might provide a more proper recognition of the role and functioning of both cognition and affect in client reactions to therapy.

Finally, the foregoing review, discussion and analysis of pretherapy programs suggest the need to begin to identify clients at risk for premature termination, and to immediately address their resistances to treatment, whether within the context of a formal intervention program or within the context of the clinician's regular intake process. Although pretherapy orientation programs have been demonstrated to be effective in decreasing premature terminations and increasing client motivation toward therapy, a variety of ethical, process and outcome issues remain to be clarified and resolved before pretherapy can be unequivocally endorsed

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